45. *Enlargements of the Uterus which follow Abortions, Premature or Natural Confinement.*—Dr. SNOW BECK, in a paper on this subject read before the Obstetric Society of London (Feb. 7, 1866), remarked that these enlargements had been long recognized by pathological anatomists, and quoted some microscopical observations by himself, and communicated to the Medical Society of London in 1851, which showed that the pathological condition essentially consisted in an enlargement of the muscular tissue of the uterus, without the presence of any inflammatory or heterologous deposits. The causes were considered to depend chiefly upon—(1) a want of complete and persistent contraction of the uterus, which permitted an increased circulation of blood in the gravid organ, and interfered with the changes which took place after parturition; and (2) on the partially developed state of the uterine tissue in abortion, which appeared to be unfavourable to the development of those changes necessary to its complete reduction in size. The enlargement of itself gave rise to few and comparatively slight symptoms, unless it existed to such an extent as to be felt as a tumour in the hypogastrium: but it rendered the patient liable to profuse hemorrhages, coming on suddenly and without appreciable cause. These enlargements might exist for many months, or even for some years, without any symptoms of importance; but from the recurrence of the catamenia, or other causes, congestion of the enlarged organ was gradually induced; or congestive inflammation, which may be either of the whole or of any portion of the uterus, might take place, the usual symptoms of uterine affection being then present. Amongst the subsequent changes which took place were anteversion and retroversion, with more or less bending of the organ, which lesions interfered with subsequent impregnation. But a more important change was a gradual hardening of the organ, which reduced it to an indolent state, and rendered it very rebellious to treatment. The modification of the symptoms thus produced was shown by the cases recorded, and the physical examination of the organ detailed. The author found that in these cases the uterus was equally enlarged, smooth, pyriform, the cavity enlarged, and the orifice open. The sound readily passed to an extent varying from three to five or six inches. When inflammation was added the organ became tender, the arteries were felt to beat with more or less force, and the interior became very sensitive. Subsequent and various alterations were made; the lips became enlarged, often lobulated, projecting into the vagina, red and raw in appearance, and bounded by a distinct line, which marked the division between the mucous membrane of the vagina and that of the uterus. It was this condition of the organ which had been so frequently described as ulceration, although no such morbid change actually existed. With respect to the treatment, various cases were recorded showing the importance of injecting the cavity of the uterus with astringent lotions, and the safety with which it could be done, provided the actions of the uterus were perfectly quiescent. The cavity of the uterus being enlarged, and the orifice open, impregnation readily took place, and the physiological changes which followed were decidedly the best means of restoring the organ to the healthy state. Congestion or inflammation, when present, would have to be met by the usual means; and when the uterus was in the hardened, modified condition, in addition to the ordinary means of treatment, it would require some local stimulant to rouse the local action, and enable the other remedies to act. For this purpose cauterizing the lips with potassa cum calce had been generally employed.—*Med. Times and Gazette*, March 24, 1866.

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46. *Epithelial Tumours of the Cervix Uteri.*—M. CORNIL remarks on the difficulty of making a diagnosis, by pathological characters, between true cancer and epithelioma of the cervix uteri; and inquiries whether it may not be possible to found an arrangement of the tumours, on such elements of diagnosis as the arrangement of the epithelial cells. In some tumours, the cells are arranged like the acini of glands; and M. Robin calls these tumours heteradenic, and divides them into three varieties, of which M. Cornil retains one, classing the tumours comprised in the two others according to the form of their stroma and epithelium. From an examination of fifty-five cases, he has made the fol-

owing classification: 1. Heteradenic tumours (M. Robin's third variety with or without epidermic globules=18 cases; 2. Epithelial tumours with alveoli visible to the naked eye and cylindrical cells=3 cases; 3. Epithelial tumours having a network of fine meshes and cells of very various forms (the prismatic form predominating)=34 cases.

The following is a succinct account of the characters of these varieties.

1. *Heteradenic Tumours.* The lips of the os uteri—sometimes one alone—are swollen, sometimes everted, and irregular. The tumours are whitish and somewhat transparent, friable under the pressure of the finger, and having a consistence between that of scirrhus and that of encephaloid; on section, the surface is smooth, and presents no milky juice, but yields on pressure small coagula, or white opaque vermiform filaments one or two *millimètres* (sometimes even a *centimètre*) in length, which proceed from cylindrical cavities visible to the naked eye. These filaments are sometimes disposed without order, sometimes parallel, or radiating like a fan in the large projecting *bourgeons* of the tumour. Under the microscope, a section made parallel to the direction of the filaments shows a number of elongated tubes, anastomosing like the tubules of glands, enlarged at parts, and ending in one or more ramifications; these tubes are separated by a thin layer of areolar tissue, or of uterine muscular tissue, and have no special external membrane; they are comprised of cylinders formed of prismatic or pavement nucleated cells, agglutinated by an amorphous granular matter, these cells entirely filling the tubes. When the tubes are cut transversely, they present epithelial cells implanted in a radiating manner in their walls. As to the origin of these nucleated cells, M. Cornil observes that they do not spring from pre-existing glands; and believes that they arise spontaneously, producing in the adult an abnormal gland-formation analogous to that which is physiologically formed in the embryo. As this process of development goes on, the parts first formed undergo certain changes, consisting principally in vesicular, fatty, or epidermic degeneration of the cells, followed by disintegration and ulceration, and finally by putrefaction or gangrene of the tumour.

2. *Epithelial tumours with visible alveoli and cylindrical cells* are characterized by the presence of alveolar cavities, generally visible to the naked eye, hollowed in the pre-existing tissues, and filled with cylindrical epithelial cells. The tumours are soft, friable like encephaloid, and yield on pressure a milky juice, miscible with water. They differ from heteradenic tumours in the presence of fluid, in the absence of tubes and of globular epidermic cells, and in the characters of the alveoli; they are distinguished from encephaloid by the presence of cylindrical cells and by the presence of newly formed alveolar tissue.

3. *Epithelial tumours having a network of fine meshes and cells of various forms, principally prismatic.* This is the most common variety of epithelial uterine tumour. It presents to the naked eye the characters of encephaloid; and, microscopically examined, differs from the two varieties already described, in the formation of a layer of connective tissue, supporting the vessels and forming alveolar cavities, generally microscopic, and filled with epithelial cells. These cells are free, and may be removed, in the form of a milky fluid miscible with water, by pressure, or by scraping a section of a tumour with the back of a scalpel. The elements found in the fluid are: 1. Ovoid nuclei of greater or less size, having a thick membrane and a large nucleolus—these are considered, by those who hold that the elements of cancer are specific, as characteristic of carcinoma; 2, prismatic cells containing ovoid nucleus, and generally also a nucleolus; 3, fibro-plastic cells; 4, spherical cells containing large nuclei; 5, mother-cells with several nuclei, etc.; 6, cells undergoing fatty degeneration; 7, white globules.

M. Cornil has never observed the disease to become generalized in the first two varieties, while he has noticed it to do so in five cases of the third. Independently of such results as peritonitis, inflammation of the bladder and urethra have been amongst the most frequent complications. In six cases out of thirty-two of the third variety, tubercular disease of the lungs was also present.—*Brit. Med. Journ.*, Sept. 23, 1865, from *Journ. de l'Anat. et de la Physiol.*